

**VENDOR EMPLOYEE DISCOUNT APPLICATION**

**COMPANY INFORMATION**

Company Name:

Contact Name:

Phone:

Email:

Company address:

City:

State:

ZIP Code:

Alternate Contact Name:

Phone:

Email:

**DISCOUNT RATE**

Start Date:

End Date:

State Employee Rate #1:

State Employee Rate #2:

State Employee Rate #3:

Explain how these rates compare to public offers or to discounts you offer to other clients:

**LOCATIONS**

List locations included in discount rate (or attach a list). If all locations are not included, please explain why:

**DISCOUNT WEBSITE**

URL:

Is your website ADA compliant? Yes No

If no website is available, a PDF and ADA compliant plain text document are required.

**HEALTH AND WELLNESS FAIR CONTACT**

If you would like to be included on a list of vendors for department Wellness Coordinators to invite to wellness fairs please provide contact information here.

Name:

Phone:

Email:

City:

State:

ZIP Code:

**SIGNATURE**

Signature:

Date:

Print name: